

Religious Accommodation Request Form

Instructions

Gray complies with Title VII of the Civil Rights Act of 1964, and all applicable state and local employment practices laws, and provides equal employment opportunities to all individuals, regardless of their religious beliefs and practices or lack thereof. Consistent with this commitment, the Company will provide a reasonable accommodation of an applicant's or employees sincerely held religious belief if the accommodation will resolve a conflict between the individual's religious beliefs or practices and a work requirement, unless doing so would create an undue hardship for the Company. As set forth in the Company's Religious Accommodation policy, Employees who believe they need an accommodation because of their religious beliefs or practices, or lack thereof are responsible for requesting a reasonable accommodation from their direct supervisor, General Manager or Corporate HR. Requests for accommodation may be verbal or in writing; however, Gray encourages employees to make requests in writing using this form.

As soon as possible after your need for an accommodation is known, please submit a completed copy of this form to Corporate HR at sharel.bend@gray.tv. If you need extra space to complete this form, please attach additional pages.

Upon receipt of your completed form, Corporate HR will contact you as soon as practicable to discuss your accommodation request, clarify your needs, and, if necessary, request and/or gather additional information from you. It is important that the Company and you engage in this interactive process. Please respond promptly to any communications you receive from Corporate HR relating to your request.

If you have any questions about the accommodation process, the status of your request specifically or completion of this form, please contact Corporate HR.

Employee Information

Name: **David S. Platta** Department: **News (Sports Director)**

Date of request: **9 September 2021**

Immediate supervisor: **DeLoris Washington (Ass't ND) / Holly Steuart (GM)**

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

Vaccination exemption

Length of time the accommodation is needed: **Indefinite**


Describe the religious belief or practice that necessitates this request for accommodation:

See attachment

Describe any alternate accommodations that might address your needs:

See attachment

I have read and understand Gray Television's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that Gray may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: 

Date: **9 September 2021**

Addendum to Exemption request:

Catholic teachings over the centuries have dealt with bodily integrity in great detail, including vaccines. The Congregation for the Doctrine of the Faith published guidelines on COVID vaccines ¹ in December of 2020, restating that vaccines with connections to aborted fetuses are morally compromised.

The Pfizer vaccine was tested using what has been designated the “HEK-293 cell line” which originated from a child aborted in the Netherlands in 1972.² There is a moral duty to avoid such vaccines.

The paper went on to state that the moral duty is not obligatory if there is a grave danger of uncontrollable spread, and that if the vaccines were recognized as safe and effective they could be used in good conscience. But it was also stated that “vaccination is not, as a rule, a moral obligation, and that, therefore, it must be voluntary.”

Therein lies the rub. All of the elements listed must be satisfied, or else the duty to avoid the vaccines is an obligation. To do otherwise is a violation of my faith. As a Catholic, it means it is incumbent upon me to evaluate evidence myself and make my own decision on the matter because, to repeat, “It must be voluntary.”

The mandating of the vaccination is the problem here. I believe that this is a big mistake, no matter how well intentioned. And let me add that I do believe the motives here are indeed well intentioned. Gray’s treatment of employees during the pandemic up to this point is something that should have been emulated by other companies.

But this decision opens up a lot of unintended issues; including legal ones that leave the company wide open to what could be expensive consequences. That would be a discussion for another time.

From a moral standpoint, Gray would be better served by emphasizing prudent actions in an attempt to slow/halt the pandemic. You see, the paper also stated that those who refuse on moral grounds have a duty to avoid “by other prophylactic means and appropriate behavior, becoming vehicles for transmission of the infectious agent.”

With that decision, it becomes my duty to follow through with proper behaviors to not become a “transmission vehicle” for the virus.

There are two other forms of protection that equal or better the vaccines available – natural immunity from recovery from a prior COVID infection, and from a prophylactic regimen involving currently available drugs used in combination with supplements.

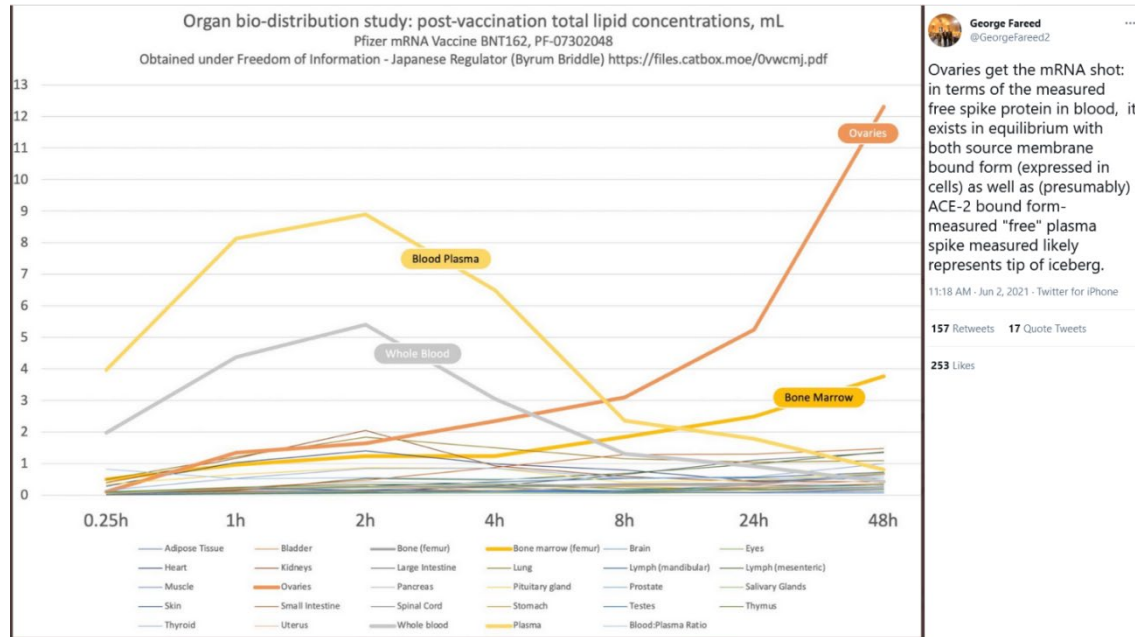
I have been prescribed hydroxychloroquine (200mg) to be taken weekly. In addition, I am taking on a daily basis zinc (50mg), Vitamin D (5000 IU), Vitamin C (700mg), and quercetin (250mg) as supplements in support. Information on current studies on the efficacy of hydroxychloroquine can be found at <https://hcgmeta.com/#conclusion> with other links on that site if you wish to dive deeper into the data.

¹https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html

² <https://www.usccb.org/moral-considerations-covid-vaccines>

I would be more than happy to sign something weekly verifying that I'm following this protocol.

There are other concerns about the safety of the COVID vaccines. Apparently the S-Protein in the shot is not acting as expected, and instead of winding up in the liver to be eliminated after activating the immune system,³ it is traveling elsewhere in the body (specifically bone marrow and ovaries) and causing damage, including myocarditis and pericarditis in young men, as per the CDC.⁴



There is also evidence^{5,6} that the S-Protein by itself is enough to cause damage, with symptoms similar to COVID-19 infection, which seems to be totally unexpected by the vaccine developers.⁷ And we have no idea what the long-term effects will be since we only have approximately one year's worth of data.

That is bad enough. What is worse from a moral standpoint is the evidence that the S-Protein is affecting the ovaries and reproductive systems of women of childbearing age, and that without question is a serious problem in the Catholic faith, where the creation of life is sacred. The possibility of infertility is an unacceptably high risk – and I say that as someone who is awaiting the birth of his second grandchild in the next five months. Forcing young people to take this risk by mandating vaccination when safer alternatives are available and known is unethical, inhumane, and in violation of my Catholic faith.

Preferably, the vaccine mandate would be eliminated and the safer alternative of antivirals and supplements would be promoted, but failing that, female employees should be exempted.

³ <https://blogs.sciencemag.org/pipeline/archives/2021/05/04/spike-protein-behavior>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html>

⁵ <https://www.ahajournals.org/doi/full/10.1161/CIRCRESAHA.121.318902>

⁶ <https://www.contagionlive.com/view/spike-protein-of-sars-cov-2-virus-alone-can-cause-damage-to-lungs>

⁷ <https://podcasts.apple.com/us/podcast/how-to-save-the-world-in-three-easy-steps/id1471581521?i=1000525032595>

A handwritten signature in black ink, appearing to read "T. DeSitter". The signature is written in a cursive, flowing style with a large initial "T" and a stylized "DeSitter".

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Dr. Robert Malone is the inventor of mRNA Vaccine technology.
Mr. Steve Kirsch is a serial entrepreneur who has been researching adverse reactions to COVID vaccines.
Dr. Bret Weinstein is an evolutionary biologist.

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MORAL CONSIDERATIONS REGARDING THE NEW COVID-19 VACCINES

*Chairmen of the Committee on Doctrine and the Committee on Pro-Life Activities
United States Conference of Catholic Bishops*

I. MORAL CONCERNS ABOUT THE CREATION OF VACCINES¹

As Pope Saint John Paul II never tired of proclaiming to the world, “the Church has always taught and continues to teach that the result of human procreation, from the first moment of its existence, must be guaranteed that unconditional respect which is morally due to the human being in his or her totality and unity as body and spirit.”² Recognizing that respect due each member of the human race, the Church does not now and has never accepted abortion: “Christian Tradition ... is clear and unanimous, from the beginning up to our own day, in describing abortion as a particularly grave moral disorder.”³

It is because of this respect for the human person that the USCCB, in collaboration with other organizations working to protect human life, has been engaged in a campaign advocating for the development of a vaccine for COVID-19 that has no link to abortion. For example, in April 2020, four USCCB bishops, the Chairman of the Committee on Doctrine, the Chairman of the Committee on Domestic Justice and Human Development, the Chairman of the Committee on Pro-Life Activities, and the Chairman of the Subcommittee on Health Care Issues, along with representatives of twenty other organizations, wrote to the Commissioner of the U.S. Food and

¹ There are other moral concerns related to the creation of vaccines to stem the COVID-19 pandemic, such as access to vaccines and other treatments for the poor and for developing nations. This document, however, will be restricted to the question of the relationship between vaccines and abortion.

² *Evangelium Vitae*, no. 60.

³ *Evangelium Vitae*, no. 61.

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Drug Administration asking it to help ensure “that Americans will have access to vaccines that are free from any connection to abortion.” The signatories pointed out that there is no need to use morally compromised cell lines to produce a COVID-19 vaccine, or any vaccine. Other cell lines or processes that do not involve cells from abortions are available and are regularly being used to produce other vaccines.

While some pharmaceutical companies have been working on a vaccine for COVID-19 without using morally compromised cell lines at all, others have been using such cell lines in either the design and development phase or the production phase or in both. Still others have been making use of a morally compromised cell line only for a confirmatory test of the vaccine’s efficacy. This leads many people who are concerned for the sanctity of human life to ask if it is ethical to accept any of the vaccines that have some connection to abortion.

The Holy See, through the Congregation for the Doctrine of the Faith and the Pontifical Academy for Life, has offered guidance on the question of whether it is morally acceptable to receive a vaccine that has been created with the use of morally compromised cell lines.⁴ Both the Congregation for the Doctrine of the Faith and the Pontifical Academy for Life emphasize the positive moral obligation to do good and in so doing to distance oneself as much as possible from the immoral act of another party such as abortion in order to avoid cooperation with someone else’s evil actions and to avoid giving scandal, which could happen if one’s own actions were perceived by other people to ignore or to minimize the evil of the action. Our love of neighbor should lead us to avoid giving scandal, but we cannot omit fulfilling serious obligations such as the prevention

⁴ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)* (2008), nos. 35-36; Pontifical Academy for Life, “Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses,” (9 June 2005) in *National Catholic Bioethics Quarterly* 6:3 (2006): 541-49, and Note on Italian Vaccine Issue (31 July 2017): <http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>.

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of deadly infection and the spread of contagion among those who are vulnerable just to avoid the appearance of scandal.

The Holy See points out that there are different degrees of responsibility in cooperating with the evil actions of others. With regard to people involved in the development and production of vaccines, the Congregation for the Doctrine of the Faith explains that “in organizations where cell lines of illicit origin are being utilized, the responsibility of those who make the decision to use them is not the same as that of those who have no voice in such a decision.”⁵ As for the moral responsibility of those who are merely the recipients of the vaccines, the Congregation affirms that a serious health danger could justify use of “a vaccine which was developed using cell lines of illicit origin, while keeping in mind that everyone has the duty to make known their disagreement and to ask that their healthcare system make other types of vaccines available.”⁶

A specific example where the reasons for accepting vaccination are sufficiently serious to justify it, even though the vaccine has been developed with the help of cell lines derived from aborted fetal cells, is the case of rubella (German measles).⁷ The most important danger posed by spread of rubella is that of congenital rubella syndrome, which affects unborn children when their mothers become infected while pregnant. Congenital rubella syndrome can cause miscarriages and a wide range of severe birth defects. The only available vaccine, however, has been developed with the help of aborted fetal cell lines. In such a situation, parents are justified in having their children vaccinated against rubella, not only to avoid the effects of rubella on their children, but, secondarily and just as importantly, to prevent their children from becoming carriers of rubella, as

⁵ Congregation for the Doctrine of the Faith, Instruction (*Dignitas Personae*), no. 35.

⁶ Congregation for the Doctrine of the Faith, Instruction (*Dignitas Personae*), no. 35.

⁷ Pontifical Academy for Life, “Moral Reflections on Vaccines,” 548, especially n. 16.

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the spread of rubella can lead to the infection of vulnerable pregnant women, thereby endangering their lives and the lives of their unborn children.

It is important to note that the making of the rubella vaccine (or that of the new COVID-19 vaccines)⁸ does not involve cells taken directly from the body of an aborted child. Cells taken from two abortions in the 1960s were replicated in a laboratory to produce two cell lines that can be reproduced again and again, indefinitely. To make the rubella vaccine, cells from these cell lines are stimulated to produce the chemicals necessary for the vaccine. It is not as if the making of the vaccine required ever more cells from ever more abortions.

II. THE LATEST COVID-19 VACCINES

The current COVID-19 pandemic has created a situation with circumstances similar to those posed by rubella. First, at least at present, there is no available alternative vaccine that has absolutely no connection to abortion. Second, the risk to public health is very serious, as evidenced by the millions of infections worldwide and hundreds of thousands of deaths in the United States of America alone. Third, in many cases the most important effect of vaccination may not be the protection it offers to the person who receives the vaccination, who may be of relatively robust health and unlikely to be seriously affected by the disease. Rather, the more important effect may be the protection it offers to those who are much more likely to be seriously stricken by the disease if they were to contract it through exposure to those infected.

There are currently three vaccines that have been presented to us as having demonstrated their effectiveness and that are likely to be made available in the coming months, those from Pfizer, Moderna, and AstraZeneca. The situation of the first two is essentially the same. Neither Pfizer

⁸ The cell line involved in the three new COVID-19 vaccines, a cell line known as HEK293, has its origin in kidney cells taken from the body of a child aborted in the Netherlands in 1972.

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nor Moderna used morally compromised cell lines in the design, development, or production of the vaccine. A confirmatory test, however, employing the commonly used, but morally compromised HEK293 cell line was performed on both vaccines. Thus, while neither vaccine is completely free from any connection to morally compromised cell lines, in this case the connection is very remote from the initial evil of the abortion.

In view of the gravity of the current pandemic and the lack of availability of alternative vaccines, the reasons to accept the new COVID-19 vaccines from Pfizer and Moderna are sufficiently serious to justify their use, despite their remote connection to morally compromised cell lines.⁹ In addition, receiving the COVID-19 vaccine ought to be understood as an act of charity toward the other members of our community.¹⁰ In this way, being vaccinated safely against COVID-19 should be considered an act of love of our neighbor and part of our moral responsibility for the common good.¹¹

The AstraZeneca vaccine is more morally compromised. The HEK293 cell line was used in the design, development, and production stages of that vaccine, as well as for confirmatory testing. The current vaccine for rubella, though developed earlier, relies on morally compromised cell lines in much the same way as the newly developed AstraZeneca vaccine. The AstraZeneca vaccine should be avoided if there are alternatives available.¹²

⁹ Nothing in this document is intended to express any opinion as to the safety or efficacy of any vaccine in general or in any particular case.

¹⁰ We should keep in mind that some people cannot themselves be vaccinated; they must rely on the rest of the community's becoming immune through vaccination so that the disease does not travel through the community and infect them.

¹¹ Every person who becomes ill with COVID-19 places an additional burden on the health care systems, which in certain cities, states, and nations have been in danger of being overwhelmed.

¹² The situation is unclear in terms of what vaccines are going to be available where. Various factors may affect which vaccines are available in a given region. For example, the Pfizer vaccine must be stored at extremely cold temperatures (around -80° Fahrenheit), which may make its distribution difficult where the temperatures are high and where the necessary infrastructure is lacking. There is also considerable uncertainty as to how and by whom

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It may turn out, however, that one does not really have a choice of vaccine, at least, not without a lengthy delay in immunization that may have serious consequences for one's health and the health of others. In such a case, just as accepting a vaccination for rubella with a morally compromised vaccine is morally permissible because of the lack of alternatives and the serious risk to the public health, so it would be permissible to accept the AstraZeneca vaccine.¹³

III. A CAUTION AGAINST COMPLACENCY

While having ourselves and our families immunized against COVID-19 with the new vaccines is morally permissible and can be an act of self-love and of charity toward others, we must not allow the gravely immoral nature of abortion to be obscured. It is true that one can receive benefits from an evil action in the past without intending that action or approving of it. The association with the evil action that comes with receiving benefits from that evil action, however, can have a corrupting influence on one's perception of the evil action, making it more difficult to recognize it as evil. Experiencing the benefits that have resulted from the evil action, one might become desensitized to the gravely evil nature of that action. One might become complacent about that action and ignore the obligation to do what one can to oppose the evil action. Another consideration is the fact that one's receiving benefits from an evil action might affect how others perceive that original evil action, thereby giving scandal. Others might be less inclined to see that action as evil. They might interpret one's acceptance of benefits from an evil action as an

the vaccines will be distributed and administered. It seems reasonable to expect that there will be little or no consumer choice in the near future.

The choice of vaccine may also be limited by considerations of safety and efficacy. Some vaccines may produce better results with certain age groups, such as children. Some may be more appropriate for those with certain health conditions.

¹³ If one were to refuse vaccination, one would have a moral responsibility to undertake all the precautions necessary to ensure that one does not become a carrier of the disease to others, precautions which may include some form of self-isolation.

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indication that one does not consider the action to be truly evil, which in turn might diminish their sense of the urgency of opposing that evil. They also might miss opportunities to do what they can to oppose it. In both cases, a certain complacency about that evil action could be the result.

With this in mind, we should be on guard so that the new COVID-19 vaccines do not desensitize us or weaken our determination to oppose the evil of abortion itself and the subsequent use of fetal cells in research.

CONCLUSION

The world is currently facing a health crisis. The number of deaths from COVID-19 is now almost one and a half million worldwide. In the United States, the toll is approaching 300,000. Given the urgency of this crisis, the lack of available alternative vaccines, and the fact that the connection between an abortion that occurred decades ago and receiving a vaccine produced today is remote, inoculation with the new COVID-19 vaccines in these circumstances can be morally justified.

For our part, we bishops and all Catholics and men and women of good will must continue to do what we can to ensure the development, production, and distribution of a COVID-19 vaccine without any connection to abortion and to help change what has become the standard practice in much medical research, a practice in which certain morally compromised cell lines are routinely used as a matter of course, with no consideration of the moral question concerning the origins of those cell lines.

Most Reverend Kevin C. Rhoades
Bishop of Fort Wayne-South Bend
Chairman, Committee on Doctrine

Most Reverend Joseph F. Naumann
Archbishop of Kansas City in Kansas
Chairman, Committee on Pro-Life Activities

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IN THE PIPELINE

Spike Protein Behavior

4 MAY 2021 • BY DEREK LOWE • 5 MIN READ • [COMMENTS](#)

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I've been getting a lot of questions in the last few days about several Spike-protein-related (and vaccine-related) topics, so I thought this would be a good time to go into them. There's been [a recent report](#) about the vascular effects of the Spike protein alone (not coronavirus infection *per se*), and [another presentation](#) on similar effects in lung tissue. These are almost certainly looking at the same phenomena - the lungs are of course full of vascular tissue, and what's being seen in both cases is very likely mediated by effects on the vascular endothelium.

In the first study, hamsters were injected with a pseudovirus was created that expressed surface Spike protein, while in the second the researchers just injected the protein directly into mice. The pseudovirus team went on to compare endothelial cells with different mutational forms of the ACE2 surface protein (S680D, with increased stability and S680L, with decreased stability). The response to the pseudovirus was quite different in these two, suggesting that it is indeed the binding of the Spike protein to ACE2 that's a key part of this process. That happens as the coronavirus infects vascular tissue, of course, but this work shows that it's not the whole process of viral infection that's responsible for all the trouble: it starts with the initial binding event.

So I've been getting questions about what this means for vaccination: if we're causing people to express Spike protein via mRNA or adenovirus vectors, are we damaging them just as if they'd been infected with coronavirus? Fortunately, the answer definitely seems to be "no" - in fact, the pseudovirus paper notes near the end that the antibody response generated by vaccination against the Spike protein will be beneficial in two ways, against infection and against the Spike-mediated endothelial damage as well. There are several reasons why the situation is different.

Consider what happens when you're infected by the actual coronavirus. We know now that the huge majority of such infections are spread by inhalation of virus-laden droplets from other infected people, so the route of administration is via the nose and/or lungs, and the cells lining your airway are thus the first ones to get infected. The viral infection process leads at the end to lysis of the the host cell and subsequent dumping of a load of new viral particles - and these get dumped into the cellular neighborhood and into the bloodstream. They then have a clear shot at the endothelial cells lining the airway vasculature, which are the very focus of these two new papers.

Compare this, though, to what happens in vaccination. The injection is intramuscular, not into the bloodstream. That's why a muscle like the deltoid is preferred, because it's a good target of thicker muscle tissue without any easily hit veins or arteries at the site of injection. The big surface vein in that region is the cephalic vein, and it's down along where the deltoid and pectoral muscles meet, not high up in the shoulder. In earlier animal model studies of mRNA vaccines, such administration was clearly preferred over a straight i.v. injection; the effects were much stronger. So the muscle cells around the injection are hit by the vaccine (whether mRNA-containing lipid nanoparticles or adenovirus vectors) while a good portion of the remaining dose is in the intercellular fluid and thus drains through the lymphatic system, not the bloodstream. That's what you want, since the lymph nodes are a major site of immune response. The draining lymph nodes for the deltoid are going to be the deltoid/pectoral ones where those two muscles meet, and the larger axillary lymph nodes down in the armpit on that side.



Now we get to a key difference: when a cell gets the effect of an mRNA nanoparticle or an adenovirus vector, it of course starts to express the Spike protein. But instead of that being assembled into more infectious viral particles, as would happen in a real coronavirus infection, this protein gets moved up to the surface of the cell, where it stays. That's where it's presented to the immune system, as an abnormal intruding protein on a cell surface. The Spike protein is not released to wander freely through the bloodstream by itself, because it has a transmembrane anchor region that (as the name implies) leaves it stuck. That's how it sits in the virus itself, and it does the same in human cells. See the discussion in [this paper](#) on the development of the Moderna vaccine, and the same applies to all the mRNA and vector vaccines that produce the Spike. You certainly don't have the real-infection situation of Spike-covered viruses washing along everywhere through the circulation. The Spike protein produced by vaccination is not released in a way that it gets to encounter the ACE2 proteins on the surface of other human cells at all: it's sitting on the surface of muscle and lymphatic cells up in your shoulder, not wandering through your lungs causing trouble.

Some of the vaccine dose is going to make it into the bloodstream, of course. But keep in mind, when the mRNA or adenovirus particles do hit cells outside of the liver or the site of injection, they're still causing them to express Spike protein anchored on their surfaces, not dumping it into the circulation. [Here's the EMA briefing document](#) for the Pfizer/BioNTech vaccine - on pages 46 and 47, you can read the results of distribution studies. These were done two ways - by using an mRNA for luciferase (and thus looking at the resulting light emission from the various rodent regions!) and by using a radioactive label (which is a more sensitive technique). The great majority of the radioactivity stays in and around the injection site. In the first hours, there's also some circulating in the plasma. But almost all of that ended up in the liver, and no other tissue was much over 1% of the total. That's exactly what you'd expect, and what you see with drug dosing in general: your entire blood volume goes sluicing through the liver again and again, because that's what the liver is for. But when things like this hit the hepatic tissue, they stay there and eventually get chewed up by various destructive enzymes (that's also a big part of what the liver is for). It's a one-way ticket.

So the reports of Spike protein trouble are interesting and important for coronavirus infection, but they do not mean that the vaccines themselves are going to cause similar problems. In fact, as mentioned above, the fact that these vaccines are aimed at the Spike means that they're protective in more ways than we even realized.

Update: there's another level of difference that I didn't mention. In the Moderna, Pfizer/BioNTech, J&J, and Novavax vaccines, the Spike protein has some proline mutations introduced to try to hold it in its "prefusion" conformation, rather than the shape it adopts when it binds to ACE2. So that should cut down even more on the ability of the Spike protein produced by these vaccines to bind and produce the effects noted in the recent papers. That comes in particularly handy for the Novavax one, since it's an injection of Spike protein itself, rather than a vaccine that has it produced inside the cells. Notably, the AstraZeneca/Oxford vaccine is producing wild-type Spike (although that's still going to be membrane-anchored as discussed above!)

ABOUT THE AUTHOR



Derek Lowe

Derek Lowe, an Arkansan by birth, got his BA from Hendrix College and his PhD in organic chemistry from Duke before spending time in Germany on a Humboldt Fellowship on his post-doc. He’s worked for several major pharmaceutical companies since 1989 on drug discovery projects against schizophrenia, Alzheimer’s, diabetes, osteoporosis and other diseases.

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sarden • a month ago

Circulating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients

"We hypothesize that the cellular immune responses triggered by T-cell activation, which would occur days after the vaccination, lead to

direct killing of cells presenting spike protein and an additional release of spike into the blood stream⁹ . The mechanisms underlying release of free S1 and the subsequent detection of the intact spike protein remain unclear and require further studies."

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075>

3 ^ | v • Reply • Share ›



Dennis Weppner Sr • 2 months ago

This study appears to demonstrate the presence of SARS-CoV-2 spike protein in the peripherally sampled serum of mRNA vaccinated individuals for up to 10 days post vaccination...

<https://www.mdpi.com/1424-8...>

2 ^ | v • Reply • Share ›



kontoller • 2 months ago

According to the Israeli Ministry of Health, from 3 to 4 August, 169 people infected with the coronavirus were hospitalized, of which 104 were vaccinated with two doses. 78 hospitalized were in serious and critical condition, 50 of them were fully vaccinated. 91 hospitalized were in a mild to moderate condition, of which 54 were fully vaccinated.

These data confirm that the effectiveness of the vaccine has tended to decline since June. As of the dates indicated, the vast majority of those infected (90 percent) were infected with the Delta strain.

Meanwhile, there are large differences in the degree of attenuation of the vaccine effect in people of different ages. The sharpest weakening was observed in persons aged 65 and over. People of this age who were vaccinated in January-February of this year saw a decrease in the effectiveness of the vaccine by 20-24 percent. In contrast, among young people aged 16-44 who were vaccinated this year in January-February, there was a more moderate decrease in the effectiveness of the vaccine - by 7-8 percent. In middle-aged people (44-64 years), the effectiveness of the vaccine decreased by 2-9 percent.

^ | v • Reply • Share ›



nitram • 3 months ago

Also. Charles Hoffe recent statement could easily be debunked by doing d-dimer test before and after vaccination to see if there's been any microclotting.

1 ^ | v • Reply • Share ›



carolineschnapp ➔ nitram • 2 months ago

Has anyone tried to do that? You would think this would have been done.

1 ^ | v • Reply • Share ›



Tom Maguire • 4 months ago

I am VERY late to this party but with myocarditis in the news I am wondering (as are we all) about rare, unexpected vaccine side-effects.

With that in mind, I am focusing on this:

"You certainly don't have the real-infection situation of Spike-covered viruses washing along everywhere through the circulation."

Well, *something* seems to be creating unexpected problems, and the spike protein (and associated immune reactions) seems like the first place to look.

So, per this paper, a vaccinated cell that dies can release debris, including partial spike proteins, into circulation:

"6. Free-floating Spike proteins and ACE2 interactions

When a vaccinated cell dies or is destroyed by the immune system, the debris may release a large amount of Spike proteins and protein fragments (free-floating Spike proteins).

It is well known that SARS-CoV-2 uses ACE2 as a Trojan horse to invade target cells. Thus, interactions between free-floating Spike proteins and ACE2 of other cells are highly plausible mechanisms. As recently demonstrated for adenovirus-vectored vaccines, Spike proteins produced upon vaccination have the native-like mimicry of SARS-CoV-2 Spike protein's receptor binding functionality and prefusion structure [41].

see more

^ | v • Reply • Share ›



Maria Cristina ➔ Tom Maguire • 4 months ago

I totally agree that the question should be focused on what happen to the debris after T cells program death cells during apoptosis with mRNA vac and necrosis from SARCoV2.

To my opinion, SARCoV2 serious clinical symptoms and nanolipid coated mRNA serious side effects are caused by free spike proteins inducing autoantibodies production and/or reactivating B cells. <https://www.nature.com/arti...>

2 ^ | v • Reply • Share ›



Cassandra ➔ Maria Cristina • 4 months ago

This is reason that the vaccine 'treatment' is likely to be worse than the disease. The disease is a result of immune related pathology in 99% +++ people rather than the virus doing the damage.

1 ^ | v • Reply • Share ›



Maria Cristina Privat ➔ Cassandra • 4 months ago

Yes. it is good to note that human body can resist or recover from the virus infection with reported 98% recovery

rate, but we have to understand that human body does not have the ability to reverse mRNA vac serious side effects particluarly auto immune and neurologic related disorders. Many people only look at the short and immediate side effects but most of the long term side effects are not observable right away, it may take 1 or more years because most of them are progressive and debilitating conditions. These are actually listed in the initial Pfizer Oct. 2020 report. .pg.16 <https://www.fda.gov/media/1...>

^ | v • Reply • Share ›



RobZ ➔ Maria Cristina Privat • 4 months ago

When Covid-19 doesn't kill you, it's quite likely to leave you with progressive debilitating conditions. The vaccine is quite unlikely to do that.

1 ^ | v • Reply • Share ›



RobZ ➔ Cassandra • 4 months ago

You might be one of the people getting paid to spread nonsense in which case, I hope karma is a real thing.

^ | v • Reply • Share ›



Old Novartian ➔ RobZ • 4 months ago

Rob, I'm pretty sure that crazies are ready, willing and able to spread crazy without any sort of recompense.

1 ^ | v • Reply • Share ›



Jasper • 4 months ago

Why is my comment not posted? Is it moderated or being tagged as "spam"? I have put down a point of view backed with sources so it would be nice to have it on here... Would be nice if the moderators can have a look, thank you.

^ | v • Reply • Share ›



Derek Lowe ➔ Jasper • 4 months ago

It went into the Spam bucket - the filter flagged it because most comments of that length (and with so many links) are trying to push Dubai timeshares, online casinos, or are offering to lengthen various body parts through herbal voodoo. It's published now.

1 ^ | v • Reply • Share ›



Jasper • 4 months ago

I really enjoy this article and the expertise in the comments. I am not a doctor but due to covid I have lost all my businesses and my life really and thus I have been reading 50 to 100 research papers on SARS-COV 2 and the vaccine. Simply because I want to know why: is this virus so dangerous for everyone or just the risk group? are the measures the right response or were there better ways to deal with this? is the vaccine safe and do I as a young person with a healthy immune system (and a previous covid infection) need it? I bet all of you doctors did not have the problem of losing all your livelihood so bear with me and other people who are critical, not because we think we know better, simply because being critical is the very essence of science. Science is never a 100% fact, there is ALWAYS room for improvement. Next to that all that; we have an unprecedented global financial situation already before the pandemic hit, world debt was at an all time high. (the last point is non-medical but always relevant in an increasing capitalist health + science market)

So in short I post my findings based on scientific research and please debunk me wherever I am wrong:

1. is this virus (COVID-19) so dangerous for everyone or just the risk group?

SARS-COV 2 is (potentially) dangerous for people with a compromised immune system due to any form of illness or "compromised / unhealthy" body condition. For example: leptin resistance comprimes the immune system; most obese people have leptin resistance. Another example: vitamin D deficiency - which according to research paper is around 40% (!!!) globally. Vitamine D is crucial for your T-cells to function.

Vitamin D deficiency:

see more

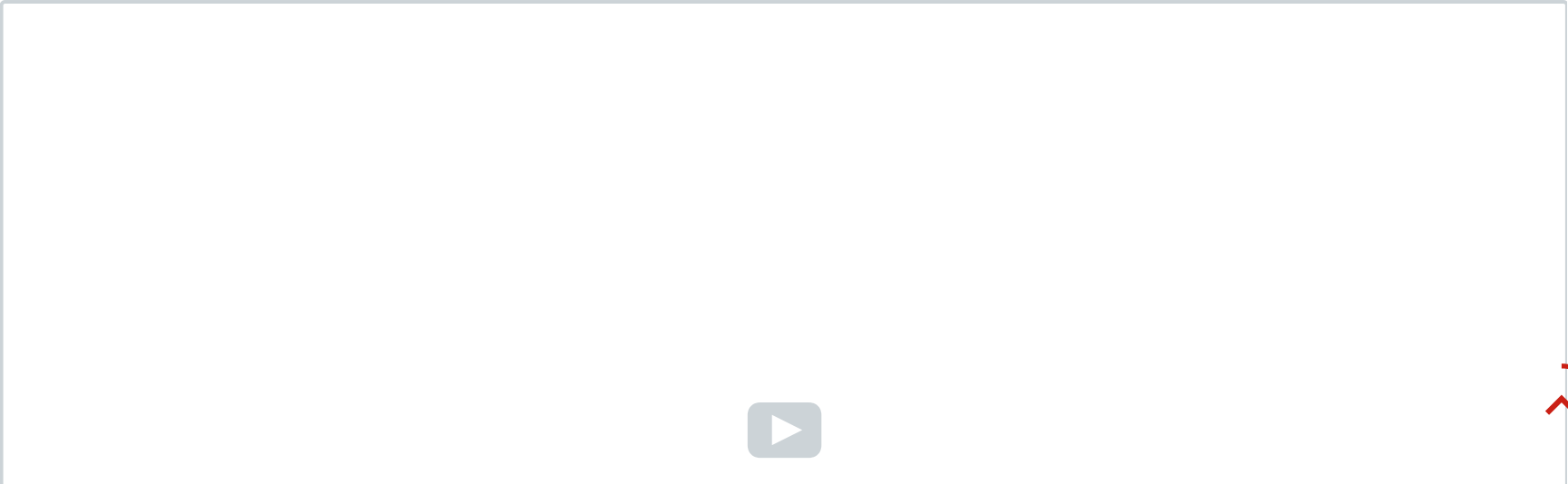
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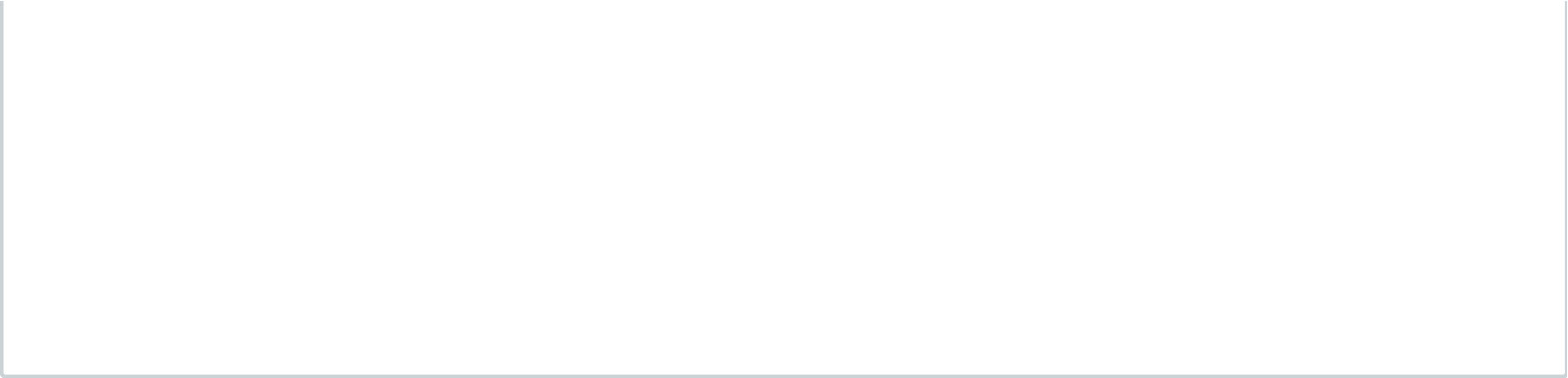


Beaucamp ➔ Jasper • 2 months ago • edited

Thanks, many many many thanks.Léonard Cohen said: Our word is plunged in Darkness and Chaos, there is a crack, a crack in everything.

That's how the light gets in.Ring the bells that still can ring....





^ | v • Reply • Share ›



Avatar

This comment was deleted.



theasdgamer ➔ Guest • 4 months ago

Why compare it with its neighbors? There are many, many confounders between Sweden and it's neighbors.

immigration (1/4 are foreign born)...age disparity...population density...population size

[https://en.wikipedia.org/wi...](https://en.wikipedia.org/wiki/Immigration_in_Sweden)

[https://en.wikipedia.org/wi...](https://en.wikipedia.org/wiki/Population_density)

Finland and Norway have less diversity.

^ | v • Reply • Share ›



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This comment was deleted.



RobZ ➔ Guest • 4 months ago

Regarding Peru:

A government can pass lockdown rules but if they aren't able to enforce them and the people ignore them, the rules will not be worth a lick.

^ | v • Reply • Share ›



David ➔ Guest • 4 months ago

I wouldn't, but you can go for it.

Peru seems to be almost the opposite to Sweden in so many indicators, such as demographics, economic and sociological situation, seasonality etc., in addition to the response to the pandemic.

^ | v • Reply • Share ›



theasdgamer ➔ Guest • 4 months ago

David,

Why restrict comparing Sweden with other nordic countries? Why not compare it with other countries that had strict lockdowns, like Peru?

^ | v • Reply • Share ›



David ➔ Guest • 4 months ago

So you don't want to compare Sweden to another country? Or your OK with the comparison and agree that Sweden had a terrible response? I'm confused

^ | v • Reply • Share ›



theasdgamer ➔ Guest • 4 months ago

No, I was merely pointing out all the possible confounders I could think of.

The human race will have to live with covid and it will be interesting to see the long term ramifications of all these non-therapeutic interventions and vaccines.

^ | v • Reply • Share ›



David ➔ theasdgamer • 4 months ago

What is your point? Are saying that you can't compare anything?

^ | v • Reply • Share ›



Jasper ➔ Guest • 4 months ago

First off, thank you all for commenting. For me its really helpful to have a conversation and discuss these things rather than: "you're not a doctor so shut up attitude". So thank you all for that.

When it comes to Sweden, they did not do any worse than other countries with a comparable amount of residents + age groups. Mind you that 2.7 million people are 65+ in Sweden compared to just 1.4 million of 45+(!) in Norway. So to count



deaths per 1000 as see it as a valuable statistic is utterly wrong. I would have hoped for a bit better understanding or how to deal with statistics than just throwing random numbers out. So, that does not debunk anything; Sweden is the largest and oldest country in Scandinavia so of course they will have more covid deaths per 1000. Next to that, and this proves my point completely with regards to lifestyle, eating habits, vitamins etc:

<https://genus.springeropen....>

The USA is the worst performing country in this table. Is the USA known for healthy habits and diets? Or do we see a lot of obese people there? See, there is the point. Please show me with research and fact that Sweden did far worse than countries with a comparable population / age groups.

^ | v • Reply • Share ›



David ➔ Jasper • 4 months ago

Correction - Noway is 16.9% and Sweden is 20.4% over 65. So x10 deaths per million is to be expected? It may be true that the US has lots of people with preexisting conditions, maybe more than other developed countries, and that these conditions contribute to mortality. In spite of this - there is no prof that vitamins can help COVID-19.

^ | v • Reply • Share ›



theasdgamer ➔ David • 4 months ago

Vitamin D deficiency is correlated with poor covid outcomes. Vitamin D deficiency is also correlated with age. Vitamin D is essential to proper immune functioning and non-mild covid is in part an immune-dysfunction disease.

I'm agnostic on vitamin D supplementation, but I do it.

Elevated levels of IL-6 associated with low 25OHD and increased need for ventilation...age 66.1 +/- 14.1 years...all male

<https://bmcinfectdis.biomed...>

^ | v • Reply • Share ›



David ➔ David • 4 months ago

I understand you point, and I wish you good luck. My point is It's not as simple as 'eat healthier' and you shouldn't blame those that die for not taking care of themselves.

How many people do you think could be saved by healthy food? More or less than with vaccines? It seems that the factor that contributes most to mortality is not dying from something else (also known as getting older). Being 10 years older contributes about as much as obesity or diabetes - or being a man

(<https://www.ncbi.nlm.nih.go....>

^ | v • Reply • Share ›



Jasper ➔ David • 4 months ago

@David, I don't think you understand my point. I am saying that if you educate people to live healthy; there would be x amount LESS people with immunity problems or any other form of illnesses and thus less deaths - and thus most of the preventable deaths and hospitalizations are prevented from scratch; covid included. The covid deaths per country show that. You have been hypnotized by social distancing that you cant think of the root cause of the covid problem: 1. unhealthy population 2. a health system that isn't prepared for an increasing older population and definitely not for pandemics or other emergencies that require immediate qualitative capacity. So in anyway we need more capacity but the extend of that depends on the overall health of the population. Millions of deaths a year can be prevented with the right education, guidelines and laws in place for cancer producing products such as candy, sugary drinks, fast food, cigarettes etc. Does that mean all needs to be banned? No. It means that if you tell people what is healthy at least they understand that drinking coke everyday literally kills them over time (for example). You are what you eat and how you life.

1 ^ | v • Reply • Share ›



David Young ➔ David • 4 months ago

Vitamin D is a vitamin. If it is a normal hormone in the body, then why supplement it? (responding to Jasper's comment).

^ | v • Reply • Share ›



David ➔ David • 4 months ago

By focusing on the health of the individual, you are leaving those with immune problems unprotected, to fend for themselves. Society can't absolve itself of responsibility for the weakest. What is our responsibility to them, yours and mine? Are they at the mercy of those people don't believe in Covid-19 and don't vaccinate/wear a mask? Do you expect god to save them? Maybe that is the point. If we don't have all the information and are wrong (and I am sure that we are all wrong, to some extent), in what way do you want to err?

^ | v • Reply • Share ›



David ➔ David • 4 months ago

First of all - the fact that there is a potential biological mechanism doesn't mean that it works. That's not the question. The question should be - does vitamin D help people fight of Covid-19? The answer does not seem to be yes (<https://www.cochranelibrary....> I do think that we can sav that vitamin D is not the cure to Covid-19.



It's think that it's safe to say that it's better to be rich and healthy than sick and poor (I don't have a citation, sorry).

Shouldn't the point be stopping preventable death?

^ | v • Reply • Share ›



Jasper ➔ David • 4 months ago

Also my whole point is that we focus on the wrong thing. Stopping covid to spread is almost impossible as you can see despite lockdowns and all that nonsense. The focus should be on the individual health of the population and their immune system. As you can clearly see, healthier countries outperform unhealthy countries by a lot. Good health saves lives, lockdowns do not.

1 ^ | v • Reply • Share ›



Jasper ➔ David • 4 months ago

David, I commented on the vitamin d subject but didnt come through yet. In short vitamin d is not a vitamin but a hormone and it is proven that T-cells need it to function. So are you telling me now that T-cells are unimportant for the immune system or do not fight against viral infections? You might wanna double check that because that is not what scientific literature tells me. I wont post link because the comment doesnt go through but I have lots of them....

^ | v • Reply • Share ›



David ➔ Guest • 4 months ago

I agree. How come none of the libertarians want to copy the social safety network or the government funded healthcare system?

^ | v • Reply • Share ›



David ➔ Jasper • 4 months ago

Regarding your first point - by all means, continue with the vitamin D and keep healthy, but don't expect it to help with Covid-19 (<https://www.cochranelibrary...> It's always problematic to overestimate our own knowledge, and in this case it's also dangerous to those around us.

As for your second point - Are lockdowns overkill? Are lockdowns expensive? The answer to both seems to be yes. Lockdowns are the worst solution to our problem, except for all the rest. It's almost impossible to selectively protect at risk groups (See the case of Sweden).

If you have a population that is serious about the other kinds steps you can take, you may be able to avoid them (check out the case of Taiwan).

But when large parts of the population think that they know better, think that money is more important, or they don't take the virus seriously, there doesn't seem to be many options, if you don't want you hospitals overrun.

If you don't want to be anti-vax don't be. Don't help them and don't add to the confusion already out there.

^ | v • Reply • Share ›



Jasper ➔ David • 4 months ago

Thanks for your reply David. Well, I hear a lot vitamin D doesnt work against covid. Yes sure, it doesnt protect you against covid but T-cells do! T-cells need vitamin D and thus indirectly taking vitamin D does boost your immune system against covid.

T-cells and covid:

<https://www.nature.com/arti...>

Vitamin D and viral infections:

<https://www.mdpi.com/2072-6....>

Recent study by Oxford: Calcifediol treatment and COVID-19-related outcomes

<https://academic.oup.com/jc...>

So you're telling me these doctors and researchers are all wrong?

1 ^ | v • Reply • Share ›



Chiharu Kinjo • 4 months ago

I wanna ask who wrote this article or report.
How you think about this video?

<https://odysee.com/@jimakud...>

^ | v • Reply • Share ›




Jon Rose • 4 months ago

I'd be interested in comments related to this video by Robert Malone, Steve Kirsch, and Bret Weinstein claiming the "Spike protein [as used in the mRNA vaccines] is very dangerous, it's cytotoxic"



^ | v • Reply • Share ›


 **Mike** ➔ Jon Rose • 4 months ago


Another point is, when this all were true, why not a single big network was interested in this story?

I guess that Malone, if this story would be a real eye-opener, would aim for big-tv first, wouldn't he? Why show up at this occasion?... and make such a questionable impression.

Did he try?
Was he rejected?
Or did he not dare?

^ | v • Reply • Share ›

 Avatar This comment was deleted.

 **Robert Clark** ➔ Guest • 4 months ago

Stephen Kirsch is a forceful, Type A, personality, a common trait with highly successful business men.He's not going to be a shrinking violet in any discussion. The points he makes are far more important than his presentation, though.

You stated:
"Over the months I met over 100 vaccinated people (from 18 to 101 years) that had no or very light AE, worse had my wife, a week of arm pain and fatigue.
(while three of my friends died from covid and few had or still have serious side effects, and quite few had covid with light symptoms). I don't think I can draw any general concussion of my anecdotal observations ."


Note Kirsch is not saying everyone will get a serious reaction. But even in your anecdotal observations say 4 or 5 out of 100 got severe reactions that's greatly out of line with respect to earlier vaccines.

For instance, on VAERS in the U.S. you have ca. 5,000 deaths out of 100 million vaccinated. This is wildly out of whack in comparison to other vaccines, like the yearly flu vaccine. With the flu vaccine the deaths are like in the range of 1 in a million. With these COVID vaccines, it's like *50 times* that.

And it is known VAERS actually underestimates the adverse events. Kirsch said talking to CDC officials he got an estimate of perhaps 20,000 actually killed, which would be 200 times higher than the flu vaccine.


see more

1 ^ | v • Reply • Share ›

 **Question** • 4 months ago


Can anyone tell me what other vaccine instructs the body to product spike proteins?

^ | v • Reply • Share ›

 **sgcox** ➔ Question • 4 months ago

All vector vaccines, mRNA or adenovirus based:
AZ, J&J, Pfizer, Moderna, Sputnik, some Chines vaccine (forgot the name) and few more still in development.
Other used prefabricated Spike protein as an antigen. Either as a recombinant like Novavax, or killed virus - Sinovac.

^ | v • Reply • Share ›

 **Safety** • 4 months ago

Case Report
Deaths associated with newly launched SARS-CoV-2 vaccination (Comirnaty®)

Legal Medicine
Volume 51, July 2021, 101895

Deaths associated with newly launched SARS-CoV-2 vaccination (Comirnaty®) - ScienceDirect
<https://www.sciencedirect.c...>

^ | v • Reply • Share ›

 **Jean** • 4 months ago

"The Spike protein is not released to wander freely through the bloodstream by itself, because it has a transmembrane anchor region that

(as the name implies) leaves it stuck."

If the spike is not released I'm not sure how it could generate immune response.

Indeed, antigen presentation to T cell occurs in the context of a peptide-MHC complex bound on the cell surface of an antigen-presenting cell (APC).

Macrophages, B cells or dendritic cells are known professional APCs.

Since the peptide to be presented should be short (between 8-25 amino acids), the spike protein should be released as a soluble protein so that it can be taken up, processed, and presented to T cells.

If the APC in question is a B cell, the presentation ultimately leads to antibody production.

1 ^ | v • Reply • Share ›



Rachel Sommer • 4 months ago

Is the Spike protein a type of antigen, then? Are there any other pathogens where the exterior antigens are themselves dangerous?

(I was a Westinghouse semifinalist back in 1988 for working in a flu virus research lab, but didn't go on to pursue scientific research, so I may be completely off.)

^ | v • Reply • Share ›



Barry → Rachel Sommer • 4 months ago

Diphtheria toxin is an antigen that will induce immunity--if it doesn't kill you first

^ | v • Reply • Share ›



Hank R. → Rachel Sommer • 4 months ago

Yes, the spike protein itself is an antigen. The below linked plain language article on [Medium.com](#) explains the concerns about the lipid nanoparticles in the Pfizer and Moderna mRNA migrating widely throughout the body (pro & con).

In my opinion this migration is much more concerning than the small number of cases of rare-type blood clots reported for the Johnson & Johnson adenoviral vector vaccine (but still a risk). The Chinese-developed Sinovac and Sinopharm inactivated virus vaccines (using traditional virus vaccine technology) will not be available anytime soon in the United States, but are being distributed in other countries. So for anyone who has not yet been vaccinated in the United States, I believe it is best to wait for the Novavax approval (hopefully July/August). And then wait a few weeks until it has had wide U.S. distribution and use, to see if any widespread side effects are reported for Novavax in the news media. So far the trails look very good for Novavax.

"Concerns of Lipid Nanoparticle Carrying mRNA Vaccine into the Brain: What to Make of It?"

<https://medium.com/microbia...>

^ | v • Reply • Share ›

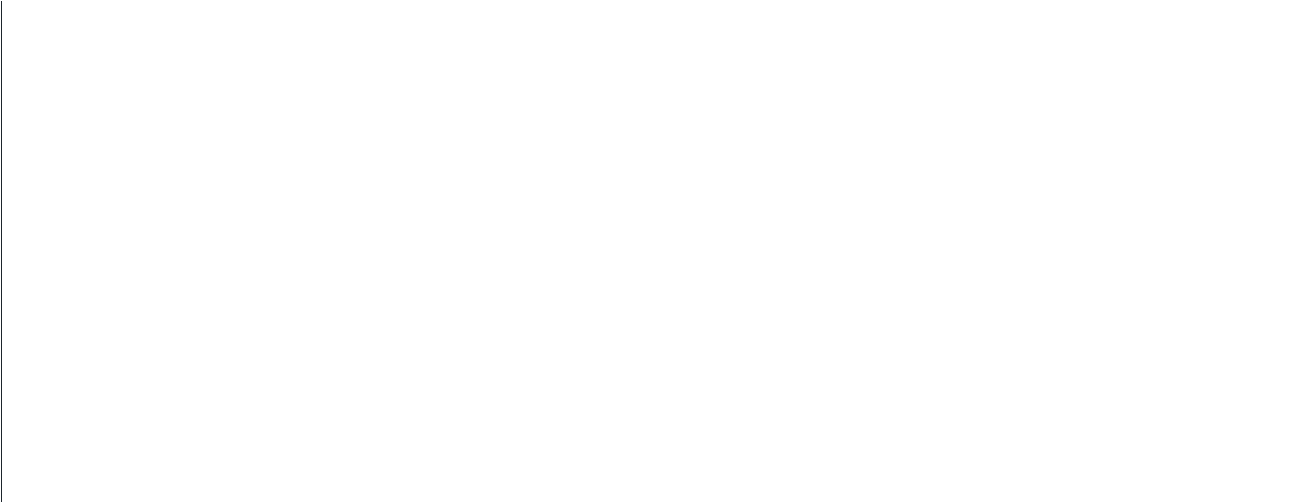
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